CONUS CODING VALIDATION

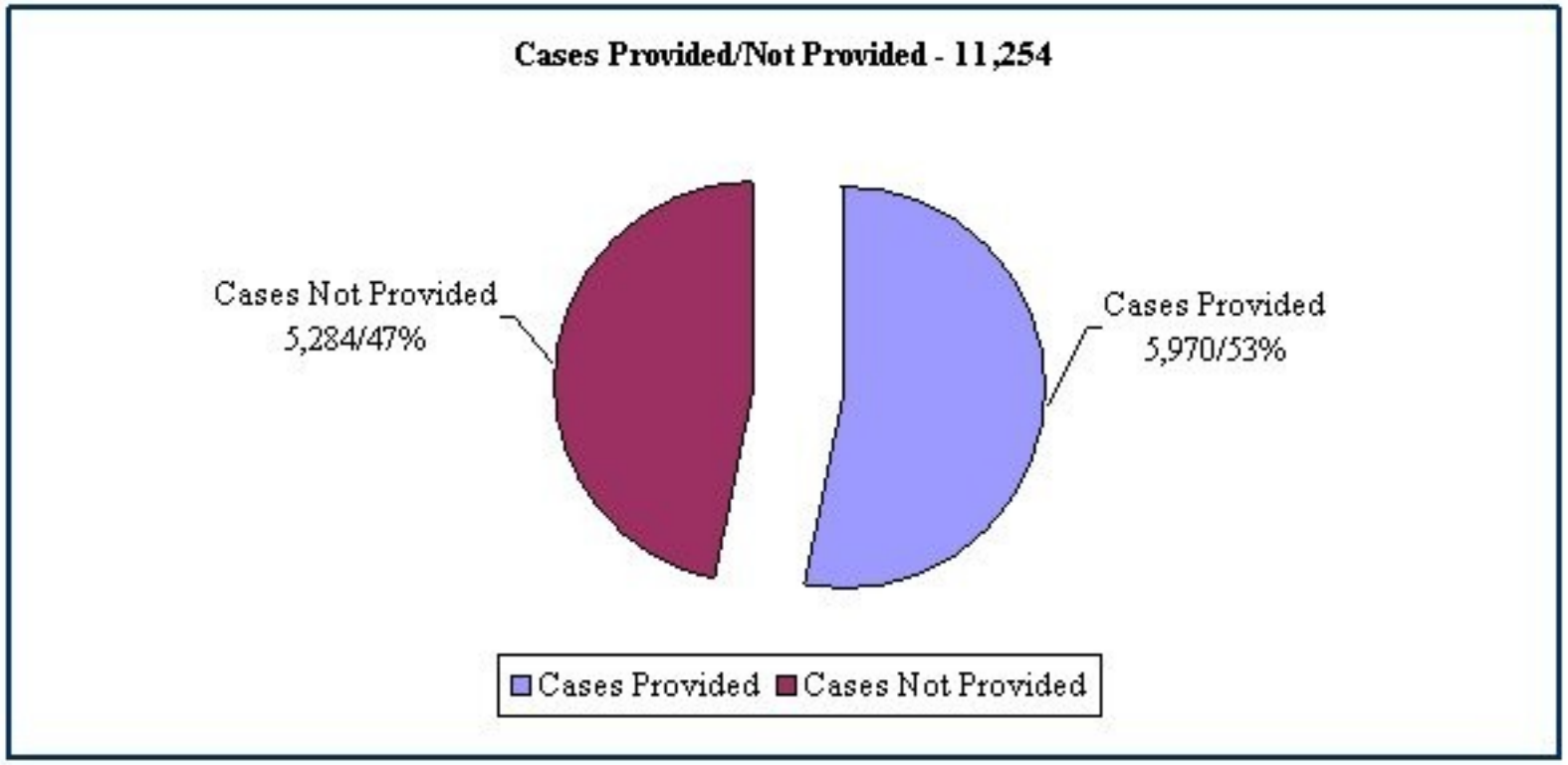
March 2002 – August 2002

September 24, 2002

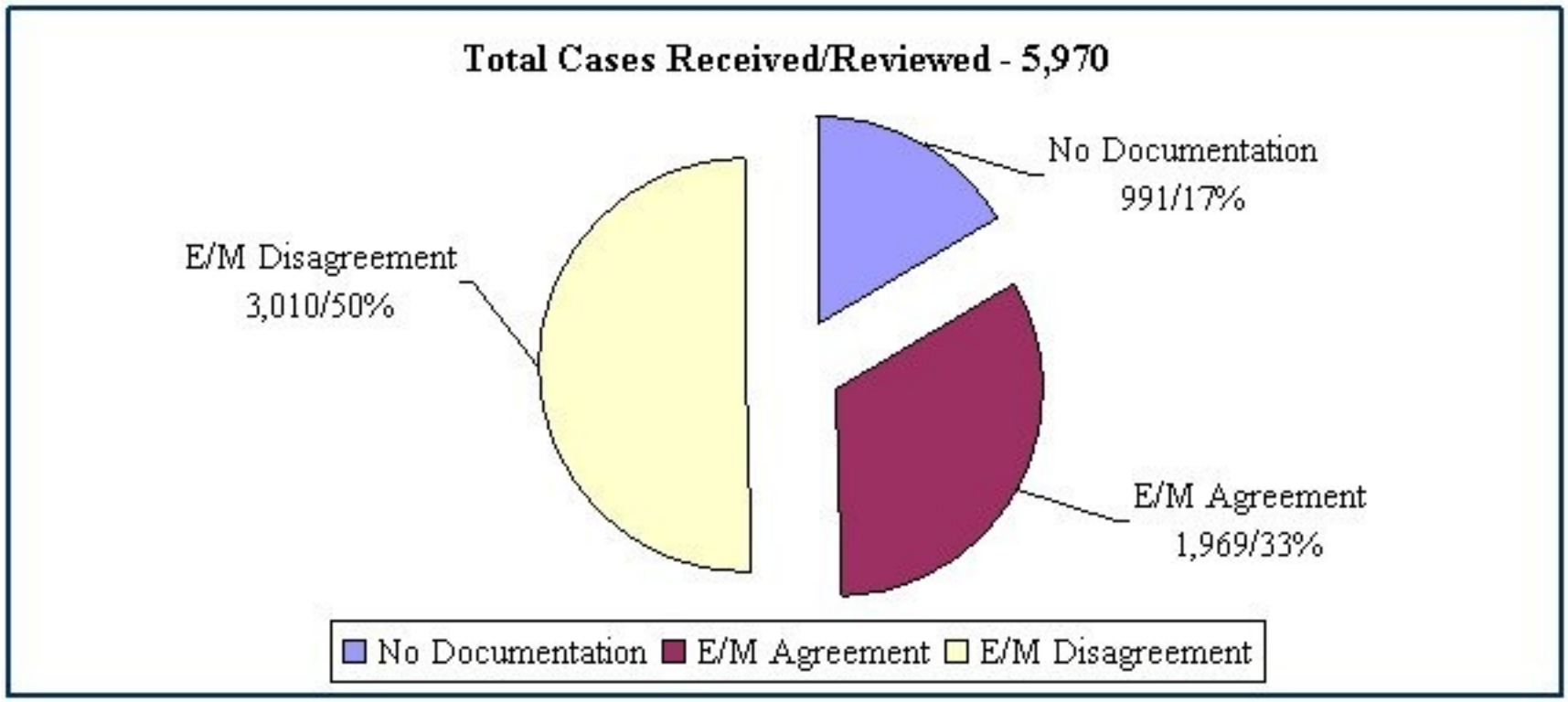
VALIDATION SITES

- Air Force 25
- Navy 8
- Army 17
- Total 50

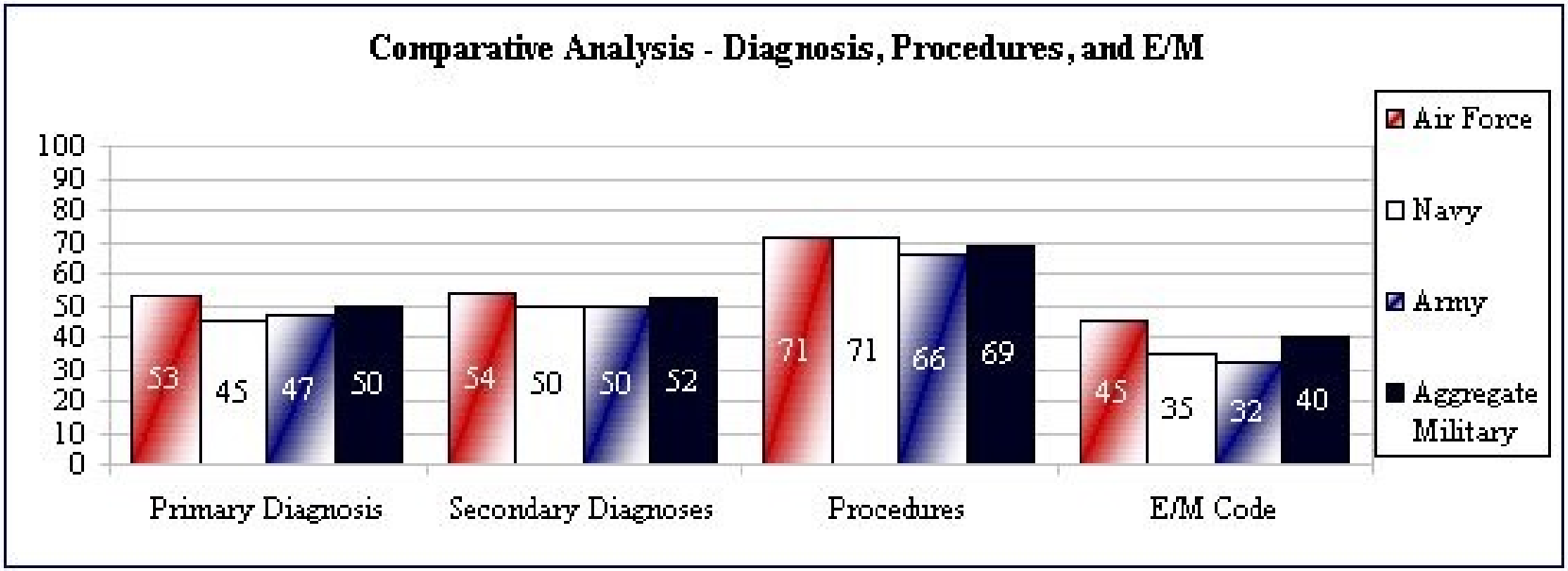
Cases Provided/Not Provided



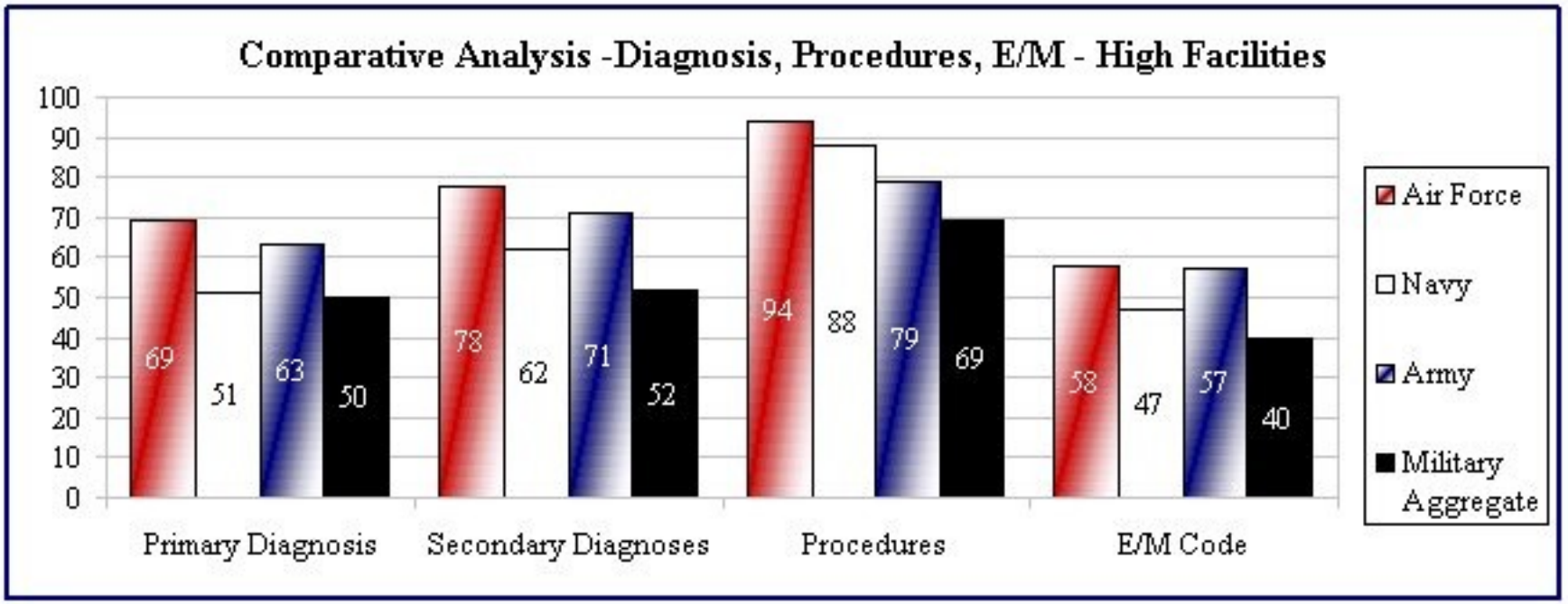
Database Case Selection



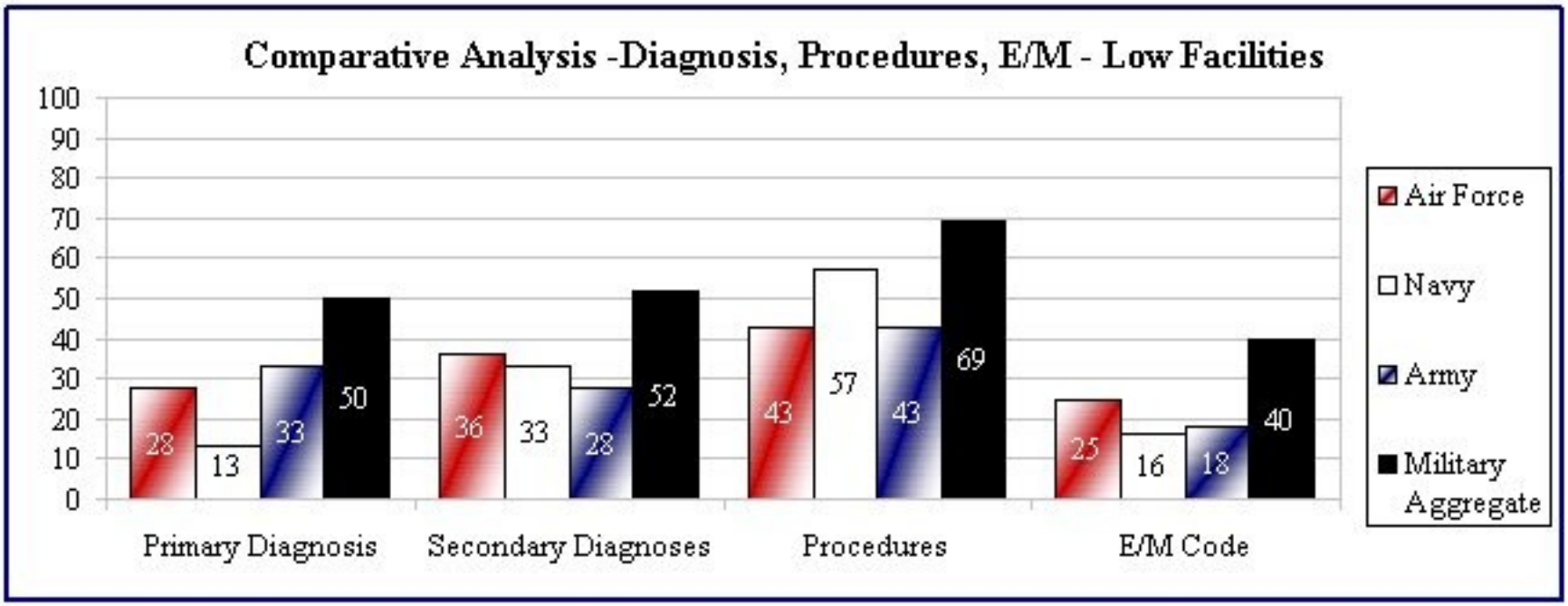
Comparative Analysis



Comparative Analysis



Comparative Analysis



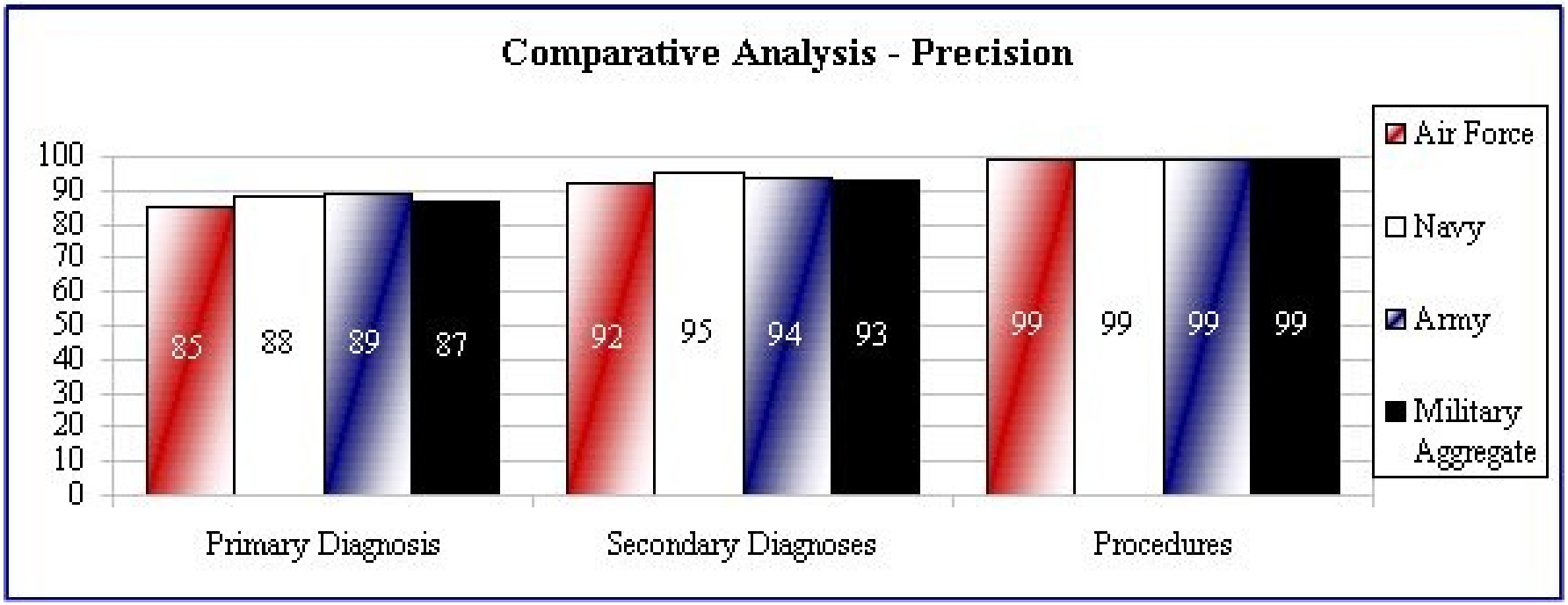
Primary Reasons For Disagreement

- Primary Diagnosis
  - Diagnosis not accurate/not supported
- Secondary Diagnoses
  - Diagnosis not reported
- CPT/HCPCS
  - Procedure not reported
- E/M
  - Documentation supported a lower level E/M code than was reported in the database

Precision

- Are all codes coded as specifically as they could be?

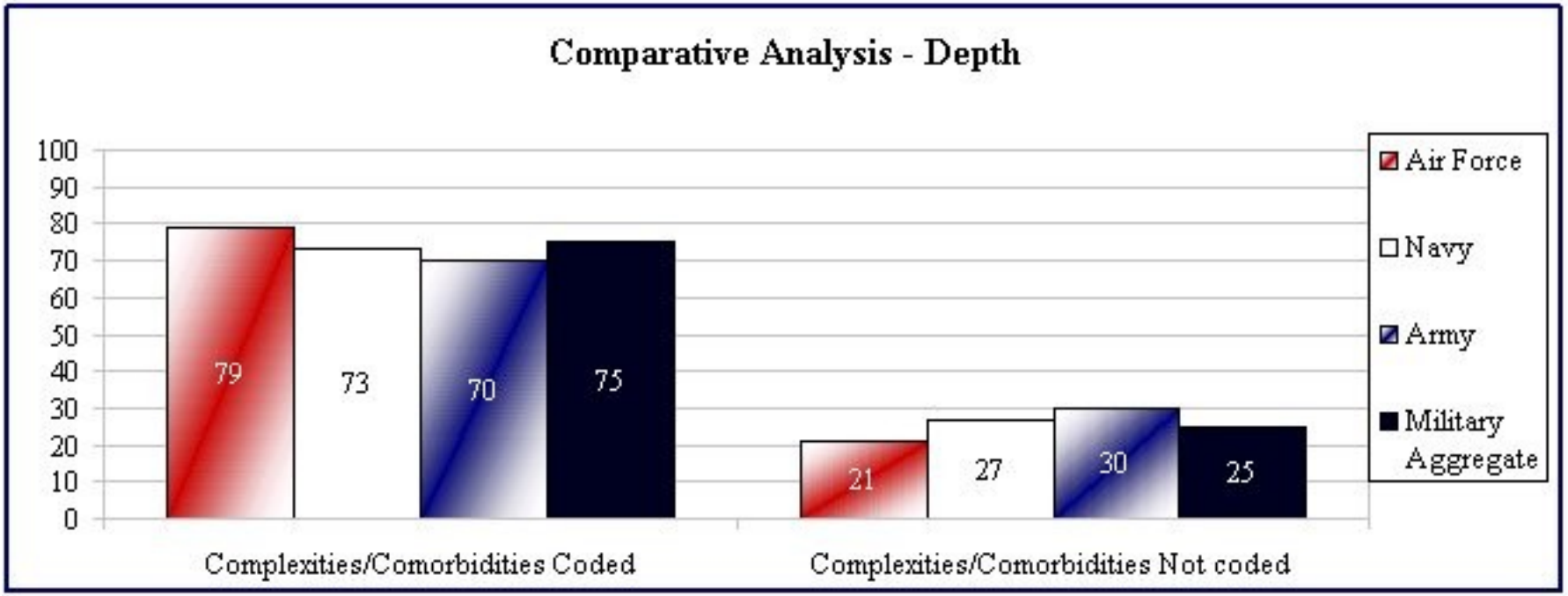
Precision


Comparative Analysis - Precision
100
90
80
70
60
50
40
30
20
10
0
85
88
89
87
92
95
94
93
99
99
99
99
Primary Diagnosis
Secondary Diagnoses
Procedures
Air Force
Navy
Army
Military Aggregate

Depth

- Are all complexities and comorbidities coded?

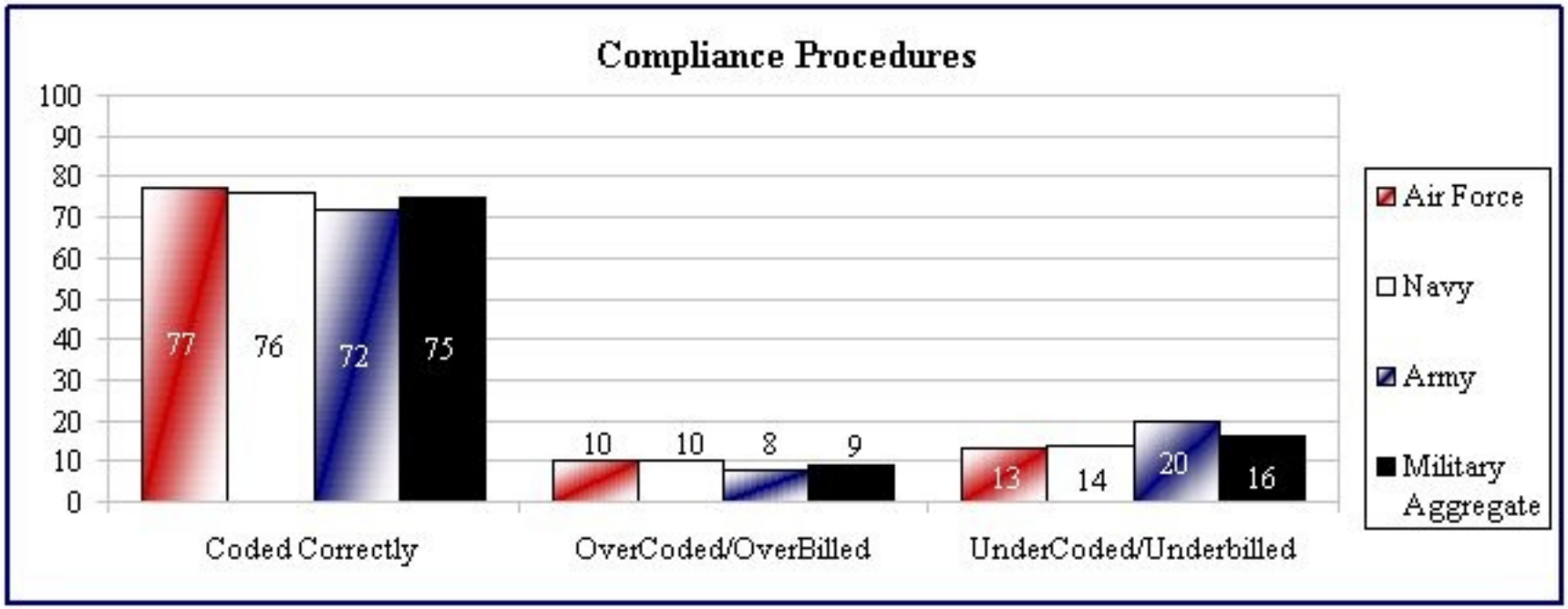
Depth


Comparative Analysis - Depth
100
90
80
70
60
50
40
30
20
10
0
79
73
70
75
21
27
30
25
Air Force
Navy
Army
Military Aggregate
Complexities/Comorbidities Coded
Complexities/Comorbidities Not coded

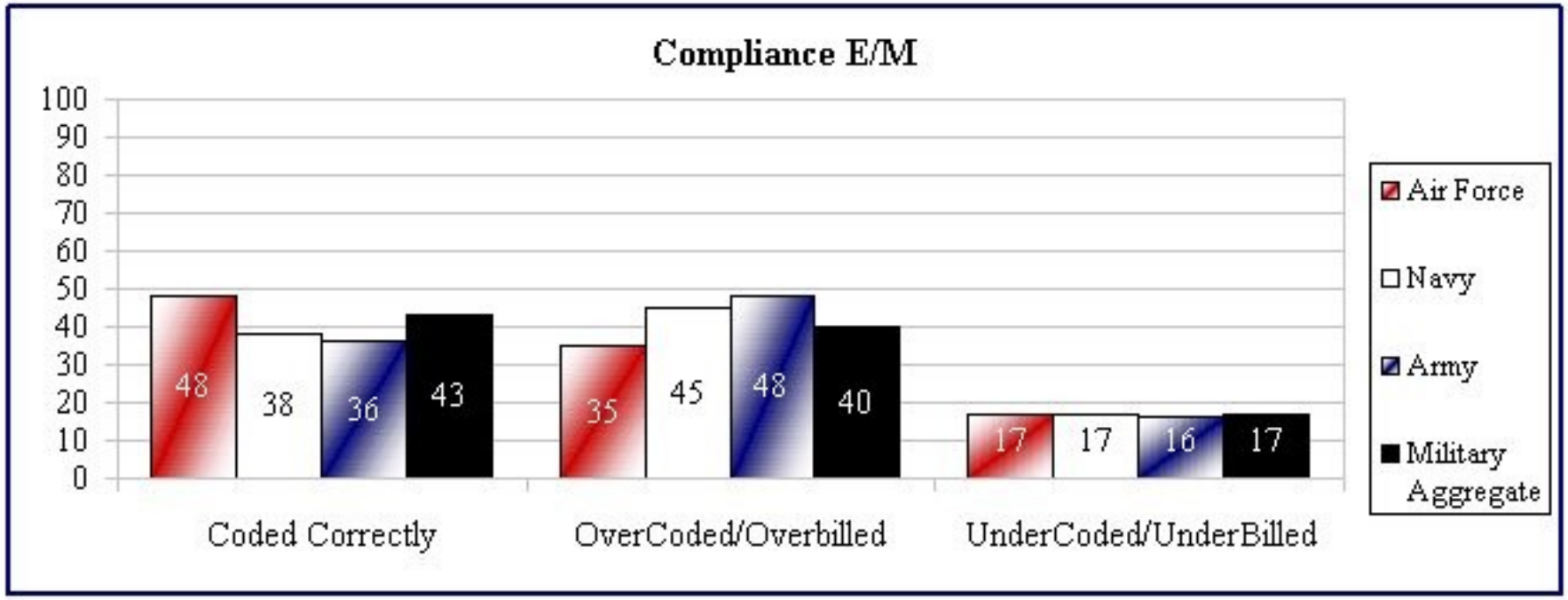
Compliance

- Is encounter procedure and/or E/M codes
  - Overcoded/Overbilled
  - Undercoded/Underbilled

Compliance Procedures



Compliance E/M



General Comments

- Documentation of key components (history, examination and medical decision-making) not present
- Seventeen (17) percent of the medical records provided did not contain documentation for the services reported in the database
- Documentation not dated or identified by MEPRS code
- Documentation not legible
- Unavailability of records

AREAS OF CONCERN

- Diagnosis
  - Principal diagnosis not reason for encounter
  - Secondary diagnosis not reported
  - Non-compliance ICD-9-CM coding guidelines
    - Specificity
    - Probable, possible, rule-out
    - Counseling codes
- CPT Procedure/HCPCS
  - Not reported
  - Not supported by documentation

AREAS OF CONCERN

- E/M
  - Overcoding/Undercoding
    - Documentation
  - Non-compliance ADM Coding Guidelines
  - New vs. Established
  - Referrals vs. Consultations
  - Preventive Medicine vs. Office Codes
  - Number of records requested/received/reviewed/no documentation

Coding Quality Program

- Impact of inaccurate data
  - Reimbursement
  - Research
  - Statistics
  - Planning
  - Compliance

Steps to Coding Compliance

- Administrative buy-in
- Coding quality
  - Tools
  - Program
  - Analyst
  - Internal/External Audits
  - Continuing Education

Recommendations

- Documentation
  - Improves coding accuracy
  - Compliance efforts lead to process improvement
- Education
  - Outpatient coding guidelines for reporting diagnoses and procedures
  - New vs. Established patient based on MEPRS code
  - Documenting the patient history, level of physical examination and type of medical decision-making provided during the encounter

Recommendations (Continued)

- Determining when consultation E/M code should be assigned
- Determining when Preventive Medicine Services should be assigned

Recommendations (Continued)

- Orientation and training
- Audit
  - Internal/External
- Review payer denials
- Round table discussions